

Abstinence Education Program Request for Proposal (RFP) Technical Assistance Meeting
March 11, 2011 - 9-11 am
Health & Agriculture Building, 1st floor Auditorium, Trenton New Jersey

Funding Opportunity: Title V State Abstinence Education Grant Program (AEP)
HHS-2010-ACF-ACYF-AEGP-0123

1) Where will responses to questions from the Technical Assistance (TA) meeting be posted?

Attendees requested that clarifications/responses to questions from the TA meeting be posted as soon as possible. A document will be posted on the [Family Health Services](http://nj.gov/health/fhs/index.shtml) website (<http://nj.gov/health/fhs/index.shtml>) (same location the [RFP](http://nj.gov/health/fhs/children/documents/rfa.pdf) was posted <http://nj.gov/health/fhs/children/documents/rfa.pdf>) and will be e-mailed to the meeting attendees.

2) Applicants requested posting of the “17 Characteristics of Effective Sex and STD/HIV Education Programs.”

Online references for the “17 Characteristics of Effective Sex and STD/HIV Education Programs” published by Dr. Kirby, et al. are available at –

<http://www.etr.org/recapp/documents/programs/SexHIVedProgs.pdf>

<http://www.health.state.mn.us/divs/idepc/dtopics/stds/stded.pdf>

3) Clarification: Define “Medical Accuracy.”

The definition of "medical accuracy" from the federal Funding Opportunity Announcement (FOA) appears on Page 7 of the [FOA](#) and is presented below.

“Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective and complete. If States choose to teach values-based perspectives, it is permissible under this statute. However, a State may not present information as factual when it reflects a value or opinion instead of fact. The requirement for States receiving funding under Section 510 of the Social Security Act is that they will certify that “all abstinence education materials that are presented as factual will be grounded in scientific research.” This certification pertains to any materials presented by sub-awardees of the State as well. Specific instructions for certifying medical accuracy are included later in this funding announcement.

Section 317P(c)(2) of the Public Health Service Act

Mass produced educational materials that are specifically designed to address sexually transmitted diseases/infections (STDs/STIs) are required by section 317P(c)(2) of the Public Health Service Act (42 U.S.C. §247b-17(c)(2)) to contain

medically accurate information regarding the effectiveness or lack of effectiveness of condoms in preventing the STDs/STIs the materials are designed to address. In general, information on contraceptives, if included, must be medically accurate and should include information on the effectiveness or lack of effectiveness of the type of contraception discussed in the curriculum.

Should the federal Administration for Children and Families (ACF) find medically inaccurate information during the review process, or at any time during the grant project period, grantees will be required to correct the inaccuracies.”

4) Question/Concern: Target age of youth population being served.

The target youth population to be served would be the 10-13 year old age group, when self-reported sexual activity is low (< 5%) and incorporating a youth development approach can strengthen self esteem and the relationship, life and communication/refusal skills needed by youth prior to high school entry. This provides youth with the tools and competencies needed to make more positive choices in high school and thwart the very strong influence of peer pressure in this age group. Thus, as long as youth have not entered high school, they are eligible to participate in the AEP. A 14 year old who is still in the 8th grade or has not entered high school can participate in the program. The majority (greater than 50%) of the program participants must be between the ages of 10 and 13 years old at the time of entry into the program. There are no (0) points assessed in the scoring criteria of the needs assessment section based on age.

5) Question/Concern: Fourteen hours of contact time is not realistic given the time constraints that exist in school. Could 7 hours with the same youth over years 1, 2 and 3, for a total of 21 hours meet this requirement? If the school has a 40 minute period, does this count as 1 hour of contact, or does the applicant need to add up the number of 40 minute contacts to determine the total # of hours? If an agency provides 10 hours in the school and 4 hours in an afterschool program (ASP), would this meet the 14 hour requirement?

Contact time over multiple years with the same individual youth will be totaled to score Criteria 7 (C. Proposed AEP Plan on Page 31 of the [RFP](#)). If a program provides the same individual youth with 7 hours of contact time over 3 years, then the total hours of contact time would be 21 hours (5 points).

Contact time is totaled in minutes. A 40-minute class session will be counted as 40 minutes and not rounded up to one hour (60 minutes).

Contact time can be totaled across program settings for the same individual youth. If an agency provides 10 hours of contact time in a school setting and provides the same individual youth with 4 hours of contact time in an afterschool program, then the total contact time would be 14 hours (5 points).

6) Question/Concern: The RFA penalizes agencies who do not have collaboration with “existing pregnancy prevention, reproductive services and related educational programs and activities” (Pgs 11, 16). This RFA requirement is counter to Title V.

The scoring criteria related to Community Support and Collaboration (Section E, Page 32 of the [RFP](#)) provides the context that "the proposed AEP is coordinated to fit in a continuum of existing pregnancy prevention and reproductive services and related educational programs to enhance and not duplicate these services and programs." Scoring for this first component (up to 10 points) will be based on the grantee providing a description of their coordination and collaboration with youth related services and programs within the target community including health and medical services, mental health services, social services, reproductive health services, existing pregnancy prevention programs, educational programs, recreational programs, cultural arts entities, community service opportunities or volunteerism, faith-based programs, after school programs, and other academic enhancement programs.

A maximum of 10 points can be scoring for this first component of Community Support and Collaboration (Section E, Pg 32) when "a history of existing coordination and collaboration with all related services/programs is documented." The list of all related services/programs expected to be described by a grantee are listed in the paragraph above.

Seven points will be awarded for "some history of coordination exists and some coordination is proposed." Three points will be awarded for "coordination efforts that are described as proposed."

Potential applicants should not only have a knowledge of community resources (assets), as evidenced by their submitted “Resource Directory,” but some linkages to known services whether medical health, mental health, social, educational or other services. Evidence of coordination and collaboration can be met through a mechanism as simple as making, and possibly tracking, referrals.

Scoring for the second component (up to 5 points) of Community Support and Collaboration (Section E, Page 32) will be based on the grantee's description of family and community engagement.

7) Question/Concern: State Objective #1. Reaching 10,000 youth was realistic when the previously funded Title V projects consisted of 5-8 sessions with 5-6 hours of education. DHSS needs to either change the dosage of the project or the number of youth to be served.

Evidence of program effectiveness, as measured by achieving a positive desired behavior, results from intense high dosage programs. Positive youth development involves developing protective factors. One of these is connectedness – with a caring trusted adult, to family, to schools or to the community through contact that occurs over time. This can be creatively accomplished through community partnerships with recreation, the arts, community service, and volunteerism. There are no (0) points assessed in the RFP scoring criteria related to Objective #1.

8) Question/Concern: State Objective #2. This applicant has seen a 29% increase in the intention to abstain. Would the State consider changing this objective to 20%?

State Objective #2 applies to the statewide Abstinence Education Program and is a goal set for all NJ AEP grantees combined by the NJDHSS to demonstrate effectiveness of the statewide program to the U.S. Department of Health and Human Services (U.S. DHHS). NJDHSS selected this objective based on the published literature. The objective may be changed in future years based on the evaluation of programmatic data and the selection of target municipalities, participant age groups, and grantees.

9) Question/Concern: State Objective #4. Applicant requests that each sub-statement be separate rather than one all encompassing statement. 75% abstain from sexual activity; 75% not get pregnant or cause a pregnancy; and/or 75% not get an STI/STD.

State Objective #4 applies to the statewide Abstinence Education Program and is a goal set for all NJ AEP grantees combined by the NJDHSS to demonstrate effectiveness of the statewide program to the U.S. DHHS. There are no (0) points assessed in the RFP scoring criteria related to Objective #4. Objective #4 will be measured by separate sub-objectives - 1) percent of youth who complete the project who abstain from sexual activity; 2) percent of youth who complete the project who do not get pregnant or cause a pregnancy; and 3) percent of youth who complete the project who do not get an STI/STD. The U.S. DHHS set forth the requirement to report these data sets in the FOA.

10) Question/Concern: Is funding available for a 4 or a 5-year project through June 2016.

The FOA from U.S. DHHS as written describes a 5 year project through Federal Fiscal Year 2014 subject to changes in the federal legislation and federal budget.

(See Page 11 at <http://www.acf.hhs.gov/grants/open/foa/view/HHS-2010-ACF-ACYF-AEGP-0123>)